WARREST WITH THE	Fund - \$54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238041	
<015>	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	12-14-15-15-15-15-15-15-15-15-15-15-15-15-15-
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
20-5-5-5	to be a second to the second	The transfer of the second	All the second control of the second control
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo <043> Cite the date of the Form 481 reporting	rm 481 reporting	<042>
<050>	- 0	inged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> ✓
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 🗸
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ
		(if yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	<u>Certifications</u> <101> Reporting Carrier Certification (comp	lete attached certification)	<101>
	<102> Agent Certification (comp	lete attached certification)	<102> 🗸

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form						
				Approved by OMB OMB Control No. 3060-1185		
				Page 2 of 8		
National Property and Property						
<010>	Study Area Code		238041			
<015>	Study Area Name		Carolina West Wireless, Inc.			
<020>	Program Year Contact Name - Person USAC should contact regarding	this data	2014	Here and the state of the second		
<035>	Contact Telephone Number - Number of person identi		Todd Slamowitz 7035848678 ext.			
<039>	Contact Email Address - Email Address of person identi		tslamowitz@fcclaw.com			
1	*		THE WIND THE CENT COLOR OF THE COLOR OF THE CENT			
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder					
<110>	FCC Registration Number					
<111>	Filing Carrier Name	¥				
<112>	Winning Bidder Carrier Name	<u> </u>				
<113>	Street Address (or PO Box)	- C				
<114>	City					
<115>	State					
<116>	Zip-Code	ē				
<117>	Telephone Number		M			
<118>	Fax Number	·				
<119>	Email Address		1000			
		0.				
102210000000000000000000000000000000000	■CONNECT TO					
Contact In	formation					
-120-	if same as above, indicate in this box					
<120>	Name (First, MI, Last, Suffix)	-		MILES AND		
<121>	Filing Carrier Name		o-			
<122>	Street Address (or PO Box)					
<123>	City			2.40		
<124>	State					
<125>	Zip-Code	92				
<126>	Telephone Number					
<127>	Fax Number	417	1800			
<128>	Email Address					
	M 71 - 28/53 N					
Authorize	d Agent Information					
1002020	if no agent, indicate in this box					
<120>	Name (First, MI, Last, Suffix)		1000 0 10 000 0 1000			
<121>	Company					
<122>	Street Address (or PO Box)					
<123>	City					
<124>	State					
<125>	Zip-Code					
<126>	Telephone Number		(7.2			
<127>	Fax Number		Sevila is			
<128>	Email Address					
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(060) Cov	erage and	Performance	Report								FCC Form Ap proved OMB Con Page 3 of	trol No.	8 3060-1185
<010>	Study Are	ea Code					238041						
<015>	Study Are	rues (Compressor		-) (7.00 (7.0	na West V	ireless,	Inc			
<020>	Program						2014	nebe i	illeress,	Inc.			
<030>	and the second	VANABLES CALVAS DATE	USAC should	contact regardin	g this data		Todd S	lamowitz					
<035>	President Control	and State of the control	100	r of person ident	All of the second	line		8678 ext.			- "		
<039>	21 to 10 32 to		- 15 - A - C - C - C - C - C - C - C - C - C	s of person iden		-	.0302	witz@fccl					-
40555	Contact	Indii Address	- Linaii Addres	s or person iden	tilled ill dat	a mic	X0302						
<140>	Coverage	and Perform	ance Report Ye	ear 01/2013	- 12/2013								
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					7	Name o	of Attached Docum	nent (.zip)					
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by Service

Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
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<010>	Study Area Code	238041
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	er; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this				
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>Todd Slamowitz</u> carrier. I also certify that I am an officer or employee of the reporting carrier; my res	
authorized agent; and, to the best of my knowledge, the reports and data provided to Name of Authorized Agent: Todd Slamowitz	the authorized agent is accurate.
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer or Employee: Lisa Mabe	
Title or position of Authorized Officer or Employee: Staff Accountant	
Telephone number of Authorized Officer or Employee: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238041 Fili	ng Due Date for this form: 07/31/2014
Study Area Code of Reporting Carrier: 238041 Fill Persons willfully making false statements on this form can be punished by fine or forfeitu	ng Due Date for this form: 07/31/2014 re under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment d States Code, 18 U.S.C. § 1001.

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)	(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the report	ing carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of n	ny knowledge, the information reported herein is accur	rate.
Name of Reporting Carrier:	Carolina West Wireless, Inc.	
lame of Authorized Agent or Employee of Agent:	Todd Slamowitz	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/16/2014
rinted name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 238041	Filing Due Date for this form:	07/31/2014

(080) Tribs	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		238041	
<015>	Study Area Name		Carolina West Wireless, D	nc.
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi		-020-	
<039>	Contact Email Address - Email Address of person identif	ied in data line	<030> tslamowitz@fcclaw.com	
<142>	State			
				
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
				1
<145>	Tribal Government Engagement Obligation			
		Name of Attach	ed Document (.pdf)	
		victorial and marriage con-		
	If your company serves Tribal lands, please select (Yes,1 each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the			
	government pursuant to § 54.1004 includes:	Tibul		
	•			
			Select	
			(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a for	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			
<154>	Compliance with Tribal Business and Licensing requiren	ients.	1 1	

(090) Project Update Information	CC Form 690
	Approved by OM8
	DMB Control No. 3060-1185 Page 6 of 8

		Page 6 of 8

<010>	Study Area Code	238041
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	02/05/2016
<202>	Total Mobility Fund Support Awarded	473900.0
<203>	Total Mobility Fund Support Disbursed	157966.67
<204>	Support Applied to Network Design	7974.79
<205>	Support Applied to Construction	4798.23
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	\circ
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	O
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf
<212> <213> <214>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment	{Name of PDF attached}
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	✓
<217>	Project Plan Status	

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	238041
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my respo best of my knowledge, the information reported on this form	bilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to d in any attachments is accurate.
Name of Reporting Carrier:	MASON SONO SONO SONO SONO SONO SONO SONO
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Approved by OMB OMB Control No. 3060-1185	-455
OM8 Control No. 3060-1185	STATE OF
Page 8 of 8	

<010>	Study Area Code	238041
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certify that (Name of Agent) Todd Slamowitz	t to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized
agent, and, to the best of my knowledge, the reports and data prov	nded to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer: Lisa Mabe	
Title or position of Authorized Officer: Staff Accountant	
Telephone number of Authorized Officer: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238041	Filing Due Date for this form: 07/31/2014
	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File Annua	al Reports for Mobility Fund R	Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the reported herein based on data provided by the reporting carrier; and, to the b		[M. 1872]
Name of Reporting Carrier: Carolina West Wireless, Inc.		
Name of Authorized Agent or Employee of Agent: Todd Slamowitz	11063	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE		Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz		
Title or position of Authorized Agent or Employee of Agent FCC Legal Cour	sel	
Telephone number of Authorized Agent or Employee of Agent: 7035848678	ext.	
itudy Area Code of Reporting Carrier: 238041	Filing Due Date for this form:	07/31/2014

Attachments

(060) Coverage and Performance Report	FCC Form 690	
	Approved by OMB	
	OMB Control No. 3060-1	1185
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<010>	Study Area Code	238041
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site per Census Block Newly Road Miles Resident Population Population Miles Shapefiles are Results are Tests are Population per Reached by per Census Block uploaded Newly Reached covered per uploaded uploaded Census Block Census Block by Service Reached Census Block (yes/no) (yes/no) (yes/no) County Watauga Service State 0000 NC 0 0 0.0 0.0 Yes

	0	Percentage of Total	0
Percentage of		Road Miles covered	
Total Population		by Service	
Reached by	1 1		
Service			i

Caroline West Wireless, Inc.

. . , .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

HOUSE LEE		Annual Reporting		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Are	a Code	238042	100000
<015>	Study Are	100	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Y	'ear	2014	JUL 2 3 2014
<030>		ame: Person USAC should contact tions about this data	Todd Slamowitz	Federal Communications Commission
<035>		elephone Number: f the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Er Email of th	mail: ne person identified in data line <030>	tslamowitz@fcclaw.com	
	D7 VALUE	e jake jakes j		and the state of the
<040>	Has the in	formation required pursuant to §54.1009 Attach a description of the documents fi	B been provided with a Form 481 filing (Y/I	(N) <040> O
	<042>	Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
	<043>	Cite the date of the Form 481 reporting		<043>
<050>	Carrier Co	ntact Information (has the contact info, ch	uanged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
		Value of the Control		
<060>	Coverage	and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rat	te Comparability Certification	(complete attached certification)	<070> 🗸
<080>	Tribal Lan	ds Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	$\circ \bullet$
			(If yes, complete the attached worksheet)	<080>
<090>	Project Up	odate Information	(complete attached worksheet)	<090>
<100>	Certificati <101>		plete attached certification)	<101>
	<102>	Agent Certification (com	plete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	ler Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	238042
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	
<111>	Filing Carrier Name	
<112>	Winning Bidder Carrier Name	
<113>	Street Address (or PO Box)	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
<114>	City	
<115>	State	
<116>	Zip-Code	
<117>	Telephone Number	
<118>	Fax Number	
<119>	Email Address	
<120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)	
<121>	Filing Carrier Name	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

rerage and	Performanc	e Report							Ap proved OMB Con	d by OM troi No.		
Study A	rea Code				238042							
Study A	rea Name				Carolin	na West W	Vireless,	Inc.				
Program	Year				2014	2014						
Contact	Name - Perso	on USAC should	contact regardin	g this data	Todd Si	Todd Slamowitz						
Contact	Telephone N	umber - Numbe	r of person ident	ified in data line	<030> 7035848	8678 ext.						
Contact	Email Addres	ss - Email Addres	s of person iden	tified in data line	<030> tslamov	witz@fcc)	law.com					
Coverag	e and Perfor	mance Report Ye	ear 01/2013	- 12/2013								
	Electr	onic Shapefiles	attachments									
	Drive	Test Results at	tachments		•							
					Name of Attached Document (.zip)							
<al></al>	zalete Newsonio			Name			403	<c3></c3>	≺ d>	<	Ф	
State	County	Census Block		by Service	Service	Road Miles per Census Block	Census Block Newly	covered per Census	ic Shapefil es are uploade d	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)	
	Study Ar Study Ar Program Contact Contact Coverag	Study Area Code Study Area Name Program Year Contact Name - Perso Contact Telephone N Contact Email Addres Coverage and Perform Electr Drive Scatte	Study Area Name Program Year Contact Name - Person USAC should Contact Telephone Number - Number Contact Email Address - Email Address Coverage and Performance Report Year Electronic Shapefiles and Scattered Site Test Results at Scattered Site Test Results at Scattered Site Test Results Address Application of the State S	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identical Contact Email Address - Email Address of person identical Coverage and Performance Report Year Coverage and Performance Report Year O1/2013 Electronic Shapefiles attachments Drive Test Results attachments Scattered Site Test Results attachment Alabatic Address - Email Address of person identical Coverage and Performance Report Year O1/2013 Electronic Shapefiles attachments Scattered Site Test Results attachment State County Census Block Census Block	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line Coverage and Performance Report Year O1/2013 - 12/2013 Const Electronic Shapefiles attachments Name Scattered Site Test Results attachments Name Scattered Site Test Results attachments Resident Population per Population per Population per State County Census Block Census Block Census Block Vservice	Study Area Code Study Area Name Carolis Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Coverage and Performance Report Year O1/2013 - 12/2013 Construction Status Electronic Shapefiles attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Name of Attached Docum Name of Attached Docum Resident Population Name of Attached Docum Name of Attached Docum Construction Status Name of Attached Docum Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Name of Attached Docum Scattered Site Test Results attachments Scattered Site Test Results	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Coverage and Performance Report Year O1/2013 - 12/2013 Construction Status.zip Electronic Shapefiles attachments Name of Attached Document (.zip) Name of Attached Document (.zip) Scattered Site Test Results attachments Name of Attached Document (.zip) Ame of Attached Document (.zip) Construction Status.zip Total Resident Population Population Population Population Newly Reached Document (.zip) State County Census Block Census Block Census Block State County Census Block Census Block Resident Population Population Population Population Newly Reached Population Population Newly Reached State Population Population Newly Reached State Population Population Newly Reached State Population Newly Reached Population Newly Reached State Population Newl	Study Area Code Study Area Name Carolina Hest Wireless, Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Construction Status.zip Construction Status.zip	Study Area Code Study Area Name Carolina West Wireless, Inc. Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of ext. Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of ext. Name of Attached Document (xip) Total Resident Miles per Miles Road Miles per Miles Census Block Cen	Study Area Code Study Area Name Carolina West Wireless, Inc. Page 3 of Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0300 Contact Telephone Number - Number of person identified in data line <0300 Contact Telephone Number - Number of person identified in data line <0300 Contact Telephone Number - Number of person identified in data line <0300 Contact Telephone Number - Number of person identified in data line <0300 Contact Telephone Number - Number of person identified in data line <0300 Construction Status. zip Electronic Shapefiles attachments Name of Attached Document (.zip)	Study Area Code Study Area Name CaroLina West Wireless, Inc. Program Year Contact Name - Person USAC should contact regarding this data Todd Blanowitz Contact Telephone Number - Number of person identified in data line <030> Todd Slanowitz Contact Telephone Number - Number of person identified in data line <030> Todd Slanowitz Contact Telephone Number - Number of person identified in data line <030> Todd Slanowitz Contact Telephone Number - Number of Person identified in data line <030> Todd Slanowitz Contact Telephone Number - Number of Person identified in data line <030> Todd Slanowitz Contact Telephone Number - Number of Number	

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

	0
Approved by	
OMB Contro Page 4 of 8	I No. 3060-1185

<010>	Study Area Code	238042
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz arrier. I also certify that I am an officer or employee of the reporting carrier; my r uthorized agent; and, to the best of my knowledge, the reports and data provided	is authorized to submit the information reported on behalf of the reporting responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the d to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wireless, Inc.	
ignature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/16/2014
rinted name of Authorized Officer or Employee: Lisa Mabe	
itle or position of Authorized Officer or Employee: Staff Accountant	
elephone number of Authorized Officer or Employee: 3369735000 ext.1003	
tudy Area Code of Reporting Carrier: 238042	Filing Due Date for this form: 07/31/2014

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1	009(a)	(4) on Behalf of F	Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	zed to submit the certification on behalf of the	reporti	ing carrier; I have pr	ovided the data reported herein based o
data provided by the reporting carrier; and, to the best of n	y knowledge, the information reported herein	is accur	rate.	
Name of Reporting Carrier:	Carolina West Wireless, Inc.			
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE			Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		1000	
elephone number of Authorized Agent or Employee of Ager	t: 7035848678 ext.			
Study Area Code of Reporting Carrier: 238042	Filing Due Date for this	form:	07/31/2014	

(080) Triba	al Lands Reporting		Call and grant from	FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		238042	
<015>	Study Area Name		Carolina West Wireless, In	nc.
<020>	Program Year	this data	2014	
<030>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		Todd Slamowitz <030> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif		The state of the s	
				3,113-42-4311
<142>	State			4112
<143>	County			
	5 46 46 46 46 46 46 46 46 46 46 46 46 46			
<144>	Tribal Land(s) on which ETC Serves			
				=
<145>	Tribal Government Engagement Obligation	1		
		Name of Attache	ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,			
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the 1 government pursuant to § 54.1004 includes:	ITIOAI		
	Borer ment paradore to 3 5 11200 title docs.			
			Select	
			(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	•	-	
			—	
<154>	Compliance with Tribal Business and Licensing requiren	nents.	f I	

(090) Project Update Information		FCC Form 690	
		Approved by GM8	
		OMB Control No. 3060-1185	
W N	文化 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Page 6 of 8	
<010>	Study Area Code	73,0042	
<015>	Study Area Name	238042 Carolina West Wireless, Inc.	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowit2@fcclaw.com	
<200>	Date Authorized to Receive Support	07/18/2013	
	ACCOUNT OF THE POST OF THE SECOND SEC		
<201>	Targeted Completion Date	02/05/2016	
<202>	Total Mobility Fund Support Awarded	1550.0	
<203>	Total Mobility Fund Support Disbursed	3850.0	
<204>	Support Applied to Network Design	7974.79	
<205>	Support Applied to Construction	604.75	
<206>	Support Applied to Deployment		
<207>	Support Applied to Maintenance		
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	0 0	
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	O	
<210>	Actual Completion Date		
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf	
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}	
<212>	Status of Network Deployment - Network Design	/	
<213>	Status of Network Deployment - Construction	✓	
<214>	Status of Network Deployment - Deployment		
<215>	Status of Network Deployment - Maintenance		
<216>	Project Budget Status		
<217>	Project Plan Status	✓	

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
The second of th	OMB Control No. 3060-1185
· 大大 · 大	Page 7 of 8

Study Area Code	238042
Study Area Name	Carolina West Wireless, Inc.
Program Year	2014
Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients			
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the set of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	238042
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

i certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting can also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: Todd Slamowitz					
Name of Reporting Carrier: Carolina West Wireless, Inc.					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/16/2014				
Printed name of Authorized Officer: Lisa Mabe					
Title or position of Authorized Officer: Staff Accountant					
Telephone number of Authorized Officer: 3369735000 ext.1003					
Study Area Code of Reporting Carrier: 238042	Filing Due Date for this form: 07/31/2014				

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized to submit the reported herein based on data provided by the reporting carrier; and, to the b	원이 있었다면 보고하다 되어 있는데 없는데 하는데 맛있다면 없었다. 맛없어?	옷을 가득하게 되었다. 이 이 이번에 하면 이 사람들은 것이 하는 것이 없는 것이 없다. 그 사람들이 되었다. 그 소리에서 그 사람들이 되었다. 그리고 그 모든 그 모든 나를 다 되었다.				
Name of Reporting Carrier: Carolina West Wireless, Inc.						
Name of Authorized Agent or Employee of Agent: Todd Slamowitz						
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	E	Date: 07/16/2014				
Printed name of Authorized Agent or Employee of Agent: Todd Slamowit	z					
Title or position of Authorized Agent or Employee of Agent FCC Legal Cou	nsel					
Telephone number of Authorized Agent or Employee of Agent: 7035848678	ext.					
	Filing Due Date for this form:	07/31/2014				

Attachments

* + 1

(060) Coverage and Performance Report

Approved by OMB

OMB Control No. 3060-1185

<010>	Study Area Code	238042
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
:035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
:039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

calls calls calls chip chip chip cols ccip ccip ccip cds cep cfp Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Population per Reached by Block Newly **Newly Reached** per Census covered per uploaded uploaded uploaded (yes/no) Census Block Census Block by Service Service Block Reached Census Block (yes/no) (yes/no) County Wilkes State 0000 NC 0 0.0 0.0 0.0 Yes

Percentage of Total
Percentage of Total
Road Miles covered
by Service

Percentage of Total
Road Miles covered
by Service

Caroline West Wireless, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

E-10025 (385)	Fund §54.1009 Annual Reporting ection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238043	
<015>	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	.1111 2 3 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Followship (SAC) <043> Cite the date of the Form 481 reporting	ed with the Form 481 reporting	(check box when complete) (040>
<050>		anged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> ✓
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	e per en	olete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.